

# Rhode Island's Suggested Childhood Immunization Schedule For Routine Vaccination Using State Supplied Vaccine<sup>1</sup>

Vaccine ↓	Age → Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	24 Months	4-6 Years	11-12 Years
Hepatitis B <sup>2</sup>	Hep B	<b>PEDIARIX<sup>3</sup></b> (DTaP-Hep B-IPV) Combination Vaccine  1 dose at 2, 4, and 6 months								
Diphtheria, Tetanus, Pertussis						DTaP			DTaP	Tdap <sup>4</sup>
Polio									IPV	
Haemophilus influenzae type b <sup>5</sup> (Pedvax-hib)		Hib	Hib		Hib					
Pneumococcal Conjugate (Prennar)		PCV7	PCV7	PCV7	PCV7					
Measles, Mumps, Rubella					MMR				MMR	
Varicella					Varicella					
Hepatitis A <sup>6</sup>					Hep A 2 doses (6 months apart)					
Meningococcal Conjugate <sup>7</sup> (Menactra)										MCV4
Influenza <sup>8</sup>				Influenza (Yearly during flu season)						

<sup>1</sup> This schedule lists the state-supplied routinely recommended childhood vaccines and is consistent with the recommended age range of CDC's *Recommended Childhood and Adolescent Immunization Schedule* (<http://www.cdc.gov/nip/recs/child-schedule.htm>) approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

<sup>2</sup> The ACIP recommends that infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge, and that 4 doses of hepatitis B vaccine including the birth dose may be administered when a combination vaccine containing hepatitis B vaccine such as Pediarix is used to complete the series.

<sup>3</sup> Pediarix should be used for the primary series of DTaP, hepatitis B, and polio at 2, 4, and 6 months of age.

<sup>4</sup> A single dose of Tdap should be given routinely to adolescents 11–12 years of age who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose. As vaccine supply permits, Tdap may also be given to adolescents 13–18 years. An interval of at least 5 years between Td and Tdap is encouraged to reduce the risk for local and systemic reactions after Tdap vaccination. However, an interval less than 5 years between Td and Tdap can be used (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e223a4.htm>). Subsequent Td boosters are recommended every 10 years.

<sup>5</sup> Rhode Island state-supplied Hib vaccine is Pedvax-hib, a 3 dose series.

<sup>6</sup> Two (2) doses of hepatitis A vaccine is routinely recommended for children beginning at 1 year of age (i.e., 12–23 months). The 2 doses should be administered at least 6 months apart. Children who have not completed the series by 2 years of age should be vaccinated at subsequent visits. Hepatitis A vaccine should also be given to children 2–18 years of age in the following high-risk groups: children traveling to countries with high or intermediate endemicity of infection (i.e., Central or South America, the Caribbean, Mexico, Asia – except Japan –, Africa, and eastern Europe); sexually active homosexual and bisexual adolescent boys; adolescents who use illegal drugs; children with clotting factor disorders; children with chronic liver disease.

<sup>7</sup> A single dose of Menactra should be given routinely to adolescents 11–12 years of age at the preadolescent visit. Also, continue vaccinating college-bound students who will be living in dormitories. As vaccine supply permits, Menactra may also be given to adolescents 13–18 years of age who have not yet received a dose.

<sup>8</sup> Influenza vaccine is recommended annually for healthy children 6–59 months of age and all children ≥ 5 years of age with high risk factors including asthma, cardiac disease, sickle cell disease, HIV, and diabetes. Children under age 9 receiving influenza vaccine for the first time need 2 doses. Refer to vaccine package insert for minimum interval between doses.

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